

<i>SERFF Tracking Number:</i>	<i>MRKB-125397468</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Markel American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>0712FF111</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Independent Auto</i>		
<i>Project Name/Number:</i>	<i>New Independent Auto Forms/Rates/Rules/</i>		

Filing at a Glance

Companies: Markel American Insurance Company, Markel Insurance Company

Product Name: Independent Auto

SERFF Tr Num: MRKB-125397468 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0001 Business Auto

Co Tr Num: 0712FF111

State Status: Fees verified and received

Filing Type: Form

Co Status: Sent to DOI for Approval Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Wilfredo Mejia

Disposition Date: 01/08/2008

Date Submitted: 01/02/2008

Disposition Status: Approved

Effective Date Requested (New): 03/01/2008

Effective Date (New): 03/01/2008

Effective Date Requested (Renewal): 03/01/2008

Effective Date (Renewal): 03/01/2008

State Filing Description:

General Information

Project Name: New Independent Auto Forms/Rates/Rules

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 01/08/2008

State Status Changed: 01/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

New independent Auto Form with companion rate/rule

Company and Contact

Filing Contact Information

Wilfredo Mejia, Regulatory Compliance

wmejia@markelcorp.com

SERFF Tracking Number: MRKB-125397468 State: Arkansas
First Filing Company: Markel American Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 0712FF111
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Independent Auto
Project Name/Number: New Independent Auto Forms/Rates/Rules/

Specialist

4600 Cox Road (800) 431-1270 [Phone]
Glen Allen, VA 23060 (804) 527-7900[FAX]

Filing Company Information

Markel American Insurance Company CoCode: 28932 State of Domicile: Virginia
4600 Cox Road Group Code: 785 Company Type: Commercial
Property & Casualty
Glen Allen, VA 23060 Group Name: State ID Number:
(800) 431-1270 ext. [Phone] FEIN Number: 54-1398877

Markel Insurance Company CoCode: 38970 State of Domicile: Illinois
4600 Cox Road Group Code: 785 Company Type: Commercial
Property & Casualty
Glen Allen, VA 23060 Group Name: State ID Number:
(800) 431-1270 ext. [Phone] FEIN Number: 36-3101262

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Flat fee
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Markel American Insurance Company	\$50.00	01/02/2008	17308269
Markel Insurance Company	\$0.00	01/02/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/08/2008	01/08/2008

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Disposition

Disposition Date: 01/08/2008
Effective Date (New): 03/01/2008
Effective Date (Renewal): 03/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Form	Deductible Liability Insurance – With Supplementary Payments Included within the Deductible Amount	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Deductible Liability Insurance – With Supplementary Payments Included within the Deductible Amount	MCA040	11/07	Endorsement/Amendment/Conditions	New	0.00	MCA04007.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEDUCTIBLE LIABILITY COVERAGE (WITH SUPPLEMENTARY PAYMENTS INCLUDED WITHIN THE DEDUCTIBLE AMOUNT)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective	
Named Insured	Countersigned by

(Authorized Representative)

SCHEDULE

Liability Deductible:	\$	Per "Accident"
"Bodily Injury" Deductible:	\$	Per Person
	\$	Per "Accident"
"Property Damage" Deductible:	\$	Per "Accident"

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

LIABILITY COVERAGE is changed as follows:

A. LIABILITY COVERAGE DEDUCTIBLE

The damages caused in any one "accident" that would otherwise be payable under LIABILITY COVERAGE will be reduced by the Liability Deductible shown in the Schedule prior to the application of the LIMIT OF INSURANCE provision.

B. BODILY INJURY LIABILITY COVERAGE DEDUCTIBLES

1. Per Person

The damages that would otherwise be payable under LIABILITY COVERAGE FOR "bodily injury" sustained by any one person, in any one "accident", will be reduced by the "Bodily Injury" Per Person Deductible shown in the Schedule prior to the application of the LIMIT OF INSURANCE provision.

2. Per Accident

The damages that would otherwise be payable under LIABILITY COVERAGE for all "bodily injury" caused in any one "accident" will be reduced by the "Bodily Injury" Per "Accident" Deductible shown in the Schedule prior to the application of the LIMIT OF INSURANCE provision.

C. PROPERTY DAMAGE LIABILITY COVERAGE DEDUCTIBLE

The damages that would otherwise be payable under LIABILITY COVERAGE FOR "property damage" caused in any one "accident" will be reduced by the "Property Damage" Per "Accident" Deductible shown in the Schedule prior to the application of the LIMIT OF INSURANCE provision.

- D.** We shall have no obligation to pay or indemnify the insured for any amount under any sections of any applicable Coverage Form(s) indicated in the schedule above, including, but not limited to damages, judgments, settlements, defense costs and any other Supplementary Payments, until the deductible(s) described in the above schedule is met.

However, our indirect expenses such as salaries or other overhead expenses we incur are not included in the deductible amount.

E. OUR RIGHT TO REIMBURSEMENT

To settle any claim or "suit" we may pay all or any part of any deductible shown in the Schedule. If this happens, you must reimburse us for the deductible or the part of the deductible we paid.

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Rate Information

Rate data does NOT apply to filing.

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Product Name:	Independent Auto		
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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	01/08/2008
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Comments:

Attachment:

NAIC PCTD.pdf

Satisfied -Name:	Cover Letter	Review Status:	Approved	01/08/2008
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Comments:

Attachment:

Cover Letter.pdf

Satisfied -Name:	Filing Memo	Review Status:	Approved	01/08/2008
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Comments:

Attachment:

Filing Memo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
Markel Corporation	785

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Markel Insurance Company	IL	38970	36-3101262	
Markel American Insurance Company	VA	28932	54-1398877	

5. Company Tracking Number	0712FF111
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Deidre Balbuena 4600 Cox Road Glen Allen, VA 23060	VP, Director Product & Regulatory Services	1-800-431-1270 Ext. 7941	1-804-527-7900	wmejia@markelcorp.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Deidre Balbuena

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 03-01-2008 Renewal: 03-01-2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	01-02-2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	0712FF111
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Markel Insurance Company and Markel American Insurance Company wish to file the enclosed new independent form for your review as an enhancement to our Commercial Auto line of business.

22.	<p>Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]</p>
<p>Check #: EFT Amount: \$100.00 2 companies @ \$50.00 each</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



MARKEL CORPORATION

4600 Cox Road Glen Allen, Virginia 23060-9817 P.O. Box 3870, Glen Allen, Virginia 23058-3870
(804) 527-2700 (800) 431-1270 www.markelinsurance.com

January 2, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: Markel Insurance Company, NAIC #785-38970
Markel American Insurance Company, NAIC #785-28932
Commercial Automobile – Form
Co File # 0712FF111

Honorable Bowman:

Markel Insurance Company and Markel American Insurance Company wish to file the enclosed new independent form for your review as an enhancement to our Commercial Automobile line of business.

We trust you will find this submission in order. We wish to utilize this filing for all policies effective on or after March 1, 2008. Should you have any questions regarding this filing, please contact Meiji Mejia by phone at (800) 431-1270 ext 7941, by mail at the above address or by e-mail at wmejia@markelcorp.com.

Sincerely,

Deidre I. Balbuena
Vice President
Product & Regulatory Services

Markel Insurance Company
Markel American Insurance Company
Filing Memorandum
Commercial Automobile

The following is a brief explanation of the enclosed Commercial Automobile coverage endorsement:

Deductible Liability - Supplementary Payments Included (Form & Rating Rule)

Markel is introducing **MCA040 - Deductible Liability Coverage – with Supplementary Payments Included within the Deductible Amount** that would give the insured the option of having supplementary payments included within the deductible amount. The standard liability deductible filed by ISO does not include these supplementary payments within the deductible amount. Our new endorsement was developed from ISO's endorsement CA 03 01, by adding item D. to page 2 to provide for Supplementary Payments to be included within the deductible amount.